Gorham School Department

New Hire Form

Employee Name NEW EMPLOYEE INFORMATION:	
Address	
Phone	_ Start Date
New position: yesno	
Replacement?yesno	
If yes, replacement of:	
Budgeted position:yesno	
Funding Source: General Funds Grant Funded/Name of G	rant
SIGNATURES:	
Principal/Dept Head	Date
Send Complete	d Form To: Sue Jackson - HR line — for Central Office use
Step/Experience: Pay	Rate::

Earnings Code:	
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